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Hepatitis B, acute and chronic  
2024 Case Definition  
Hepatitis B, acute and chronic  
2024 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
23-ID-05  
Subtype(s)  
Hepatitis B, acute  
Hepatitis B, chronic  
Background  
Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, semen, or other body fluids from a person infected with the virus enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from the gestational parent to baby during pregnancy or at birth. Not all people newly infected with HBV have symptoms, but for those that do, symptoms can include fever, fatigue, poor appetite, stomach pain, nausea, vomiting, abdominal pain, dark urine, clay-colored stools, and jaundice. For some persons, hepatitis B is an acute, or short-term, illness; for others, it can become a long-term, chronic infection.  Chronic hepatitis B can lead to serious health problems, including cirrhosis, liver cancer, and death.  
Clinical Criteria  
In the absence of a more likely, alternative diagnosis\*, acute onset or new detection of at least one of the following:  
Jaundice,  
Total bilirubin ≥ 3.0mg/dL, or  
Elevated serum alanine aminotransferase (ALT) levels > 200 IU/L.  
\* Alternative diagnoses may include evidence of acute liver disease due to other causes or advanced liver disease due to hepatitis B reactivation (see section VIB), pre-existing chronic HBV infection, other causes including alcohol exposure, other viral hepatitis, hemochromatosis, or conditions known to produce false positives of hepatitis B surface antigen, etc.  
Criteria to Distinguish a New Case from an Existing Case  
A case of HBV infection classified under the Perinatal HBV position statement (16-ID-06) can be additionally enumerated as a confirmed case of chronic HBV infection if a positive HBV viral detection test (HBsAg, HBeAg, or HBV DNA) is obtained after 24 months of age.  
A confirmed acute case of HBV infection may be additionally enumerated as a new confirmed chronic case of HBV infection if a positive HBV viral detection test is reported 6 months or longer after acute case onset or, if asymptomatic, after the initial positive test result.  
An acute case of HBV infection should not have been previously enumerated as a case of either acute or chronic HBV infection.  
A chronic case of HBV infection should not have been previously enumerated as a case of chronic HBV infection.  
Subtype(s) Case Definition  
Expand All  
Hepatitis B, acute  
Laboratory Criteria  
Confirmatory Laboratory Evidence:  
Tier 1  
Detection of HBsAg†  
AND  
detection of IgM anti-HBc,  
OR  
Detection of HBeAg  
AND  
detection of IgM anti-HBc,  
OR  
Detection of HBV DNA††  
AND  
detection of IgM anti-HBc,  
OR  
Detection of HBsAg,† HBeAg, or HBV DNA within 12 months (365 days) of a negative HBsAg test result (i.e., HBsAg seroconversion).  
Tier 2  
Detection of HBV surface antigen (HBsAg)†  
AND  
IgM antibody to HBV core antigen (IgM anti-HBc) test not done or result not available,  
OR  
Detection of HBV DNA††  
AND  
IgM anti-HBc test not done or result not available.  
Presumptive Laboratory Evidence:  
Detection of IgM anti-HBc,  
AND  
Negative or test not done for HBsAg, HBV DNA, or HBeAg.  
Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.  
† If information on HBsAg test method is available and HBsAg confirmatory neutralization was performed as recommended, HBsAg positive by confirmatory neutralization.  
†† DNA detection by nucleic acid test, including qualitative, quantitative, or genotype testing.  
Case Classification  
Probable  
Meets clinical criteria  
AND  
presumptive laboratory evidence of acute HBV infection.  
Confirmed  
Meets Tier 1 confirmatory laboratory evidence of acute HBV infection,  
OR  
Meets clinical criteria  
AND  
Tier 2 confirmatory laboratory evidence of acute HBV infection.  
Hepatitis B, chronic  
Laboratory Criteria  
Confirmatory Laboratory Evidence:  
Detection of HBsAg† in two clinical specimens taken ≥ 6 months apart,  
OR  
Detection of HBeAg in two clinical specimens taken ≥ 6 months apart,  
OR  
Detection of [HBsAg†  
OR  
HBeAg]  
AND  
total anti-HBc,  
OR  
Detection of HBsAg†  
AND  
HBeAg,  
OR  
Detection of HBV DNA.††  
Presumptive Laboratory Evidence:  
Detection of [HBsAg†  
OR  
HBeAg]  
AND  
IgM anti-HBc test negative, not done, or result not available.  
Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.  
† If information on HBsAg test method is available and HBsAg confirmatory neutralization was performed as recommended, HBsAg positive by confirmatory neutralization.  
†† DNA detection by nucleic acid test, including qualitative, quantitative, or genotype testing.  
Case Classification  
Probable  
Meets presumptive laboratory evidence of chronic HBV infection.  
Confirmed  
Meets confirmatory laboratory evidence of chronic HBV infection.  
Case Classification Comments  
Individuals born in the US, under or equal to the age of 24 months, and born to a mother with documented evidence of Hepatitis B should be reported using the Perinatal Hepatitis B Position Statement (16-ID-06), unless there is evidence that exposure occurred via a non-perinatal mechanism (e.g., healthcare acquired).  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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